

Survey Report

Impact of Small-Volume Parenteral Solutions Shortage

Survey Held November 2017; Results Tabulated in December, Released in January 2018

ASHP recently surveyed its members to assess the impact of the small-volume parenteral (SVP) solutions shortages on hospitals and health systems. The survey was informal and non-scientific-based, and it was not designed for statistical analysis. The survey contained 13 questions, and surveyees were given 7 days to respond. The most relevant findings are as follows:

- There were 323 respondents representing small, medium and large hospitals; <200 beds (36.5%), 201-500 beds (35.3%), >500 beds (24.1%), other (4%)
- 99.1% of respondents indicated that their hospital has been affected by the SVP shortage
 - 96.3% of respondents indicated the shortage has been severe (61%) or moderate (35.3%)
 - Severe was defined as “has impacted daily operations and patient care”
 - Moderate was defined as “the shortage is a problem but hasn’t impacted patient care”
- 78.8% of respondents indicated a supply of 14 days or less on hand in inventory
- The three most common strategies to mitigate the shortages were as follows:
 - 84.5% indicated they are using alternative routes of administration (IV push, intramuscular, subcutaneous, enteral)
 - 64.4% are using non-formulary products, including premix and/or frozen products
 - 60.1% noted they have implemented protocols to restrict use of product
- Of notable mention, 25.1% of surveyees indicated they have pursued using or have added other infusion pump types to their fleets
- Other shortages experienced in the last three months include the following:
 - Potassium chloride premix bags (71.5%)
 - Sodium bicarbonate (77.7%)
 - Emergency drugs used in cardiac arrests (77.1%)
 - Antibiotics (62.8%)

The survey also provided an open comment section. The comments shared in this area were transparent and seem to attest to what is happening on the ground. One member simply commented “HELP, please,” while another comment read “In my 23 years of practice I have never seen shortages be this severe.” ASHP and other healthcare organizations continue to hear anecdotal information about patients seeking care at urgent care centers, and some smaller hospitals report that patients are being triaged to larger facilities, often just for IV fluids.



Survey results were presented at the ASHP Midyear Clinical Meeting in Orlando, Florida, along with other updates related to drug shortages.

On November 6, 2017, ASHP convened a drug shortages roundtable with key stakeholder groups. At this meeting, attendees developed a set of recommendations on how to prevent or mitigate drug shortages. ASHP also led the drafting of a group letter to the Oversight and Investigation Subcommittee of the House Energy and Commerce Committee, providing recommendations and suggesting revisions of the 2012 FDA Safety and Innovation Act (FDASIA). The sign-on letter included signatures from the American Hospital Association, the American Society of Anesthesiologists, the American Society of Clinical Oncology, the American Society of Parenteral and Enteral Nutrition, and the Institute for Safe Medication Practices. Copies of the letter were sent to relevant Senate staff as well. ASHP continues ongoing conversations with these organizations and others, including the drug shortage team at the FDA.

Pharmacists in hospitals and health systems are working every day to devise strategies to deal with the constant flow of ongoing and new shortages. ASHP and the University of Utah Drug Information Service have created a [guidance document](https://www.ashp.org/Drug-Shortages/Shortage-Resources/Publications/Small-Volume-Parenteral-Solutions-Shortages) to support this effort. The document can be found at: <https://www.ashp.org/Drug-Shortages/Shortage-Resources/Publications/Small-Volume-Parenteral-Solutions-Shortages>.

For more information, contact ASHP's Center for Medication Safety and Quality at quality@ashp.org

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